

REPAYMENT OF INTERIM ASSISTANCE NOTICE

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE			
CASE NUMBER	CIN NUMBER				
CASE NAME (And C/O Name if Present) AND ADDRESS					
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: space-between; align-items: center;"> { } </div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____			
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.	

Dear Sir/Madam:

In accordance with your authorization, the Commissioner of the Social Security Administration has sent this Office a portion of your initial Supplemental Security Income (SSI) payment to repay benefits paid to you by this office. The repayment of benefits is for a period during which you received Safety Net Assistance and other payment furnished to you with State and local funds for your basic needs. The repayment period begins with the date you became eligible for **payments** of SSI benefits (or were reinstated after a period of suspension or termination) and ends in the month we received your repayment from SSA, or the following month if your Safety Net Assistance and other payments furnished to you could not be stopped soon enough. The SSA will distribute to you any balance from your initial SSI payment you are due according to their rules. This Office can not help you with problems you have with how or when the SSA sends you the balance due to you from your SSI payment. For questions about how or when you will receive any balance from your initial SSI payment contact your local SSA office or call 1-800-772-1213.

The REGULATION that allows us to do this is 18 NYCRR Part 353.

The amount of public assistance received during this period is shown below.

Safety Net Assistance and Other Payments furnished for basic needs calculation

MONTH	20	20	20	20	20
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
					TOTAL Interim Assistance
					\$
TOTAL	\$	\$	\$	\$	\$

Remarks:

Total Amount of interim assistance reimbursement received from the SSA	\$			
Date this Office received interim assistance reimbursement from the SSA				
Date of Initial SSI Eligibility				

I certify that the above is a true statement of receipts and disbursements under our agreement with the Commissioner of the Social Security Administration for the purpose of furnishing interim assistance to individuals as established in Section 1631(g) of the Social Security Act (42 U.S. Code 1383[g])

Worker's Signature

Title

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
officer.
2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
2. **STATE FAIR HEARING** – You have 60 days from the date of this notice to ask for a fair hearing:

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by mail, by **phone**, by **fax** or **online**.

Mail: Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think **our decision** is wrong.

You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.